

Pure Resolutions LLC

An Independent Review Organization

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Case Number:

Date of Notice: 11/13/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine and Rehabilitation

Description of the service or services in dispute:

1 Transforaminal Epidural Steroid Injection at the Bilateral S1 with Intravenous Sedation

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who reported an injury to his low back when he was attempting to move a tree. The clinical note indicates the patient rating the low back pain as 3-4/10. Radiating pain along with numbness and tingling were identified in the lower extremities. Strength deficits are also identified in the lower extremities. The MRI of the lumbar spine dated 07/30/15 revealed a broad based disc bulge with mild central disc protrusion L5-S1. Mild narrowing of the ventral lateral recesses and the central spinal stenosis was identified. The clinical note dated 08/24/15 indicates the patient continuing with low back pain. The patient rated the pain as 6/10. However call the patient reported the pain almost fluctuating consistently. Tingling sensation was identified in the lower extremities. The note indicates the patient utilizing Etodolac and Ultracet for pain relief. No strength deficits were identified in the lower extremities. The procedure note dated 09/03/15 indicates the patient undergoing an epidural steroid injection. The clinical note dated 09/28/15 indicates the patient reporting 2/10 low back pain. The patient reported a 50% pain relief following the epidural injection. The therapy note dated 09/24/15 indicates the patient having completed 11 physical therapy sessions. The clinical note dated 10/20/15 indicates the patient continuing with 50% pain relief following the epidural injection. The note indicates the patient demonstrating right side right Achilles reflex deficits. The patient was recommended for repeat epidural steroid injection.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The documentation indicates the patient complaining of low back pain with some with associated reflex changes identified in both Achilles regions. There is an indication patient had a 50% pain relief following the most recent epidural injection on 09/03/15. Given the ongoing benefit received from the most recent epidural steroid injection a repeat injection is indicated. Therefore, the request is reasonable and recommended for certification. As such, it is the opinion of this reviewer that the request for an epidural steroid injection bilaterally at S1 with IV sedation is recommended at as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)